

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Jackson
 Civil Dist. 11
 or
 Village _____
 or
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

24

CERTIFICATE OF DEATH

Registration District No. 44411
 Primary Registration District No. 11

File No. 325
 Registered No. 8

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Martha Ann Petty

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 (Write the word)

6 DATE OF BIRTH 3 4 1891
 (Month) (Day) (Year)

7 AGE 31 yrs. 17 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION Housewife
 (a) Trade, profession, or particular kind of work.
 (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER James Hawkins

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Mary C. Davis

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary C. Davis
 (Address) Garmanville R#1

15 Filed 4/10/22 L. R. Duderus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 21 1922
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 3/17 1922 to 3/21 1922, that I last saw her alive on 3/21 1922 and that death occurred, on the date stated above, at 12 M

The CAUSE OF DEATH* was as follows:
Pneumonia Lobor.
10da
 [Duration] yrs. mos. 4 ds.

Contributory [SECONDARY] Miscarriage at 8 mo.
 [Duration] yrs. mos. 1 ds.

Signed L. R. Duderus M. D.
3/22 1922 Address Samburg Tenn.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Pharis Cem. DATE OF BURIAL 3/22 1922

20 UNDERTAKER Joe Prieto ADDRESS Garmanville